



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

2015 JAN 20 P 12:42

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**CITY CLERK'S OFFICE
SOMERVILLE, MA**

**AUTOMOTIVE TRANSPORT SERVICE INC.
495 COLUMBIA ST
SOMERVILLE, MA 02143**

License #:	885
Fee:	.00
Account ID:	490
Reference #:	885

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: AUTOMOTIVE TRANSPORT SERVICE INC.	
Business Location: 495 COLUMBIA ST	
Business Phone: 617-864-2200	
License Holder: AUTOMOTIVE TRANSPORT SERVICE INC. 495 COLUMBIA ST SOMERVILLE, MA 02143 617-864-2200	
Mailing Address: AUTOMOTIVE TRANSPORT SERVICE INC. 495 COLUMBIA ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JENNIFER SOUZA SECRETARY - JENNIFER SOUZA TREASURER - JENNIFER SOUZA	
FID: 261201682	
Food Manager/Emergency Contact: ROBERT SOUZA 617-864-2200	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

10 VEHICLES INSIDE

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.
-Any changes above are subject to the approval of the BOARD OF ALDERMEN.
-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Jennifer Souza Date _____
Print Name: Jennifer Souza Phone 617-785-1221

5149

BAL
BROT
FORD

Murphy
DATE 1/12/14
CNA
TO Jerry

28343

DATE	TO	DEPOSITS	
FOR		TOTAL	250.00
<i>2015 Used Car Bond</i>		THIS CHECK	
		OTHER TRANS +/-	
		TAX <input type="checkbox"/>	
		DEDUCTIBLE <input type="checkbox"/>	
		BALANCE	

Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnaSURETY.com

CNA SURETY

\$250.00

Amount Due: \$250.00

Company#: 0601
 Bond/Policy#: 69617218
 Effective Date: 01/01/2015 Anniversary Date: 01/01/2016
 Bond amount: \$25,000.00
 Name: AUTOMOTIVE TRANSPORT SERVICE, INC.
 Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (508)656-1400
 Agency Code: 20-17796
 Charles River Insurance
 Brokerage, Inc.
 5 Whittier St.
 Framingham, MA 01701

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Robert Sovac

Address of taxpayer/applicant's business in Somerville: 495 Columbus St

Address of taxpayer/applicant's home in Somerville: 2 E 1st St

Taxpayer/applicant's phone: day: 617 864 2204 evening: _____

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20_____. X *[Signature]*

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

3803 # 124077011 # 346 # _____

NOTES:

CLERK'S INITIALS: SPR

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: _____

Address: _____

Automotive Transport Service

495 Columbia St

Somerville, MA 02143

City: _____

State: _____

Zip: _____

Phone #: _____

617 864 2200

I am an employer with 0 employees
(full and/or part time).

I am a sole proprietor or partnership and have no employees.

We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.

We are a nonprofit organization staffed by volunteers and have no employees.

Business Type: _____

Retail

Restaurant/Bar/Eating Establishment

Office and/or Sales (real estate, auto, etc.)

Nonprofit

Entertainment

Manufacturing

Health Care

Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: _____

Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: *J. M. Souza*

Date: _____

Print Name: *Jennifer Souza*

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other _____

Contact Person: _____ Phone #: _____